



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

Post Office Box 13446
Macon, Georgia 31208
478) 207-2440

www.sos.state.ga.us/plb/lpn

APPLICATION FOR LICENSURE REINSTATEMENT GENERAL INSTRUCTIONS

It is illegal to practice as a licensed practical nurse in Georgia unless you have an active (current) license issued by this board. If you have never held a Georgia LPN license, this is the wrong form. Please refer to Board's website for the Rules and Laws.

	YOU MUST SUBMIT THE FOLLOWING DOCUMENTS:	
	APPLICATION FEE (nonrefundable)	The nonrefundable fee must accompany application. Applications received without the fee or with an incorrect fee will be returned without review. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
	APPLICATION	Type or print in ink. You must respond to all questions. You must use your legal name. If your name has changed, you must submit a copy of the marriage certificate or legal document validating the name change. Include a recent passport-type photograph and have the application notarized.
	VERIFICATION OF EMPLOYMENT	Submit the Verification of Employment form to your most recent employer (DON, Personnel Director, or Human Resources Department) who can provide verification of your practice as a LPN within the last five years. This form <u>MUST be completed and mailed by your employer DIRECTLY to the board office</u> . If you are unable to provide proof of 500 hours or 3 months of practice within the last five years, you will not be eligible for reinstatement without completion of a board approved refresher program. If you have not practiced for seven years or more, you must complete a board approved refresher program and successfully pass the NCLEX-PN. If you have not practiced in 10 years or more you will have to complete a Licensed Practical Nursing program in its entirety.
	VERIFICATION OF CURRENT LICENSE	If the state where you last worked as a LPN is not Georgia, then you must complete Part I of the Verification Of License form and submit it to the state where you last worked as a LPN. All applicants must submit verification of any current license. There may be a fee due to that state, contact state. The state will return the verification form directly to Georgia. If the state where you last worked participates in Nursys Verification, you must complete the Nursys' License Verification Request Form available at < http: www.nursys.com >
	LETTER OF EXPLANATION	If you responded "yes" to <u>any question</u> in Section III: Background Information, you must submit a letter of explanation. If you responded yes to questions 11, 12, 13, or 14, you must submit a copy of the final disposition.
	OTHER	Submit other information as may be requested. Certain documents and verifications may be required by the Board to complete your application for reinstatement. You will be notified in writing of any specific document or verification necessary to complete your application.
	APPLICATION SPECIALIST REVIEW	Applications are considered complete when all supporting documents are received. Generally the processing time is between three (3) to six (6) weeks after a completed application is received. If your application is complete and you meet all the requirements for licensure, a license will be issued to you; otherwise you will be notified of the status of your application.
	APPLICATIONS REQUIRING BOARD EVALUATION	Only a completed application, with any supporting document that requires Board approval because of an arrest/conviction, sanction, or any disciplinary action from another state licensing Board, will be presented to the Board for evaluation. Decisions of the Board are communicated by letter approximately 15 business days following the board meeting. The Board's office staff is not authorized to discuss Board decisions over the telephone.
	ADDRESS AND NAME CHANGES	Please notify this office immediately, in writing, of any address and/or name change. Address changes may also be made via the website www.sos.state.ga.us . The post office does not forward mail from the board. All name changes must include a <u>copy</u> of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)
	APPLICATION STATUS	Follow-up on application status is the responsibility of each applicant. You will only receive one notice of application deficiency. If pending information is not submitted within 12 months of the initial filing date, the application will not receive further consideration by the Board. The applicant must then file a new application and pay the appropriate fee.

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

Post Office Box 13446

Macon, Georgia 31208

(478) 207-2440

www.sos.state.ga.us/plb/lpn

APPLICATION FOR LICENSURE - REINSTATEMENT

LICENSED PRACTICAL NURSE

Application Fee: \$80.00 (non-refundable)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.

SECTION I: PERSONAL INFORMATION

1. NAME

LAST

FIRST

MIDDLE

MAIDEN

2. NAME in which license was originally issued

(If different):

LAST

FIRST

MIDDLE

MAIDEN

3. SOCIAL SECURITY NO.

DATE OF BIRTH

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101

4. ADDRESS

HOME/PHYSICAL ADDRESS (P.O BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number become public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

5. ADDRESS

MAILING ADDRESS (Post Office Box is acceptable)

APT #

6. TELEPHONE NUMBER:

(DAY)

TELEPHONE NUMBER:

(EVENING)

7. I am a U.S. citizen

8. I am not a U.S. citizen, but I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States of America. (complete page 9 and submit documentation). Applicant must provide verification of qualified alien status; see page 9 for acceptable documents verifying authorization to lawfully be present in the United States.

9. E-Mail Address:

APPLICATION FOR LICENSURE REINSTATEMENT

Instructions:

1. Please read the general instructions thoroughly before completing this application
2. If your name has changes since you were last licensed in Georgia, you must submit a copy of the legal document that validates your name change. (Marriage license, divorce decree or Name change petition)
3. Fully complete this application. Type or print clearly. Keep the instructions for your records.
4. Enclose all required documents and a nonrefundable application fee of \$80.00. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. See fee schedule
5. Sign and have the application notarized, a photograph of the applicant must be attached at time of notary. No digital or copies accepted.
6. Submit the Verification of Employment form to your LPN employer to be completed and returned directly to the board.
7. Submit the Verification of Licensure form to the current state of licensure. You must contact that state.

SECTION II: PROFESSIONAL INFORMATION

10. GEORGIA LICENSE NO. LPN Date license expired M M - D D - Y Y
(Attach a copy of identification card, if available)

11. NAME OF SCHOOL Date graduated: M M - D D - Y Y
 (Nursing) _____

City/State: _____

12. LIST STATE (S) OF LICENSURE AS LPN/VN (Include additional sheets if necessary)

State _____	License # _____	Expiration date	<u>M</u> <u>M</u> - <u>D</u> <u>D</u> - <u>Y</u> <u>Y</u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
State _____	License # _____	Expiration date	<u>M</u> <u>M</u> - <u>D</u> <u>D</u> - <u>Y</u> <u>Y</u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
State _____	License # _____	Expiration date	<u>M</u> <u>M</u> - <u>D</u> <u>D</u> - <u>Y</u> <u>Y</u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

13. HAVE YOU WORKED AS A LICENSED PRACTICAL NURSE DURING THE LAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION?

☐ NO If no, submit the last date of LPN employment _____

☐ YES If yes, submit the Verification of Employment form (page 5) to your most recent Employer to verify 500 hours or 3 months of paid Licensed Practical Nurse practice within the last five years (LPN practice must have been paid and under the supervision of a RN, physician, podiatrist or dentist.) Your Employer must mail the Verification of employment form directly to the Board office. The applicant must not complete any parts of the form on page 5, section II. The form will not be accepted, and will require the form to be resubmitted, if completed by applicant.

PLEASE INDICATE YOUR LAST FIVE (5) YEARS OF PRACTICE BELOW

(NOTE: Verification form must still be submitted by your most recent employer as described above)

Practice Year	LPN Practice (yes or no)	Hours practiced in year	Place of LPN practice: Name of Agency, city, state	Duties
2008	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2007	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2006	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2005	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2004	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2003	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION III: BACKGROUND INFORMATION

If you answer **yes** to any of the following questions, please attach a letter of explanation. For questions 11, 12, 13, 14 or submit a letter of explanation and a copy of the **official** document that indicates the final disposition of the action (court indictment, police record, certified warrant/court dismissal, verdict of first offender treatment). You are expected to read each question carefully, completely and notify the Board of any changes to the information. Failure to answer these questions truthfully or to notify the Board of any changes in the information may be grounds for denial of your application or other disciplinary action against you.

14. ☐ YES ☐ NO HAS ANY LICENSE OR CERTIFICATION ISSUED TO THE APPLICANT BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE TAKEN ACTION AGAINST YOUR LICENSE OR REVOKE OR INVESTIGATE OR SUSPEND OR OTHERWISE SANCTION OR DISCIPLINE YOUR LICENSE? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.
15. ☐ YES ☐ NO HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.
16. ☐ YES ☐ NO HAVE YOU EVER FAILED TO RENEW ANY LICENSE OR CERTIFICATION ISSUED TO YOU BY ANY BOARD OR AGENCY IN GEORGIA OR OTHER STATE BECAUSE OF PENDING DISCIPLINARY ACTION OR INVESTIGATION? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.
17. ☐ YES ☐ NO OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? (DWI/DUI are not considered minor traffic violations) If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.
18. ☐ YES ☐ NO DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITY WHICH WILL IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE NURSING? If yes, submit a letter of explanation.
19. ☐ YES ☐ NO HAVE YOU BEEN REPRIMANDED, DEMOTED, DISCIPLINED, TERMINATED, OR CAUTIONED BY AN EMPLOYER WHILE EMPLOYED WITHIN THE HEALTHCARE FIELD? If yes, submit a letter of explanation.

AFFIDAVIT

I hereby authorize the Georgia Board of Examiners of Licensed Practical Nurses to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Under penalties of perjury, I declare and affirm that I am in good physical and mental health with no finding that should prohibit me from the performance of nursing duties and that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. I further certify that I am the person photographed as attached.

**AFFIX ORIGINAL
PASSPORT-SIZED
PHOTO OF
APPLICANT ONLY
(Taken within the last
60 days).
Applicant must sign
the back of the
photo
Digital-copied
Photos are not
accepted by Board.**

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20 ____.

State of _____ County of _____

Notary Public

My Commission Expires: _____ (seal)

Note to Notary: Applicant's signature and photo must be attached
at time of notary, with proper ID.



PLEASE SEPARATE THIS FORM, GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE. ASK THE EMPLOYER TO MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW, NOT THE POST OFFICE BOX:

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON GEORGIA * 31217

VERIFICATION OF EMPLOYMENT

Applicant Instructions:

1. Complete Section I **ONLY** and sign. **DO NOT COMPLETE SECTION II.**
2. Submit this form to your most recent **employer (DON, Personnel Director, Human Resources Department)** who can provide verification of your practice as a LPN within the last five years. If you are unable to provide proof of 500 hours of practice within the last five years, you will not be eligible for licensure without completion of a board approved refresher program.
3. The person completing Section II is to **mail** this form **DIRECTLY** to the Georgia Board of Examiners of Licensed Practical Nurses.

Section I (To be completed by applicant)

Name of Applicant _____
Last First Middle Maiden

Address _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a LPN to the Georgia Board of Examiners of Licensed Practical Nurses. I understand this information is required as part of the application for licensure process and will be sent directly to the Georgia LPN Board.

Signature of Applicant _____

Social Security Number _____

Date of Birth _____

Applicant's telephone number _____

Section II (To be completed by person verifying employment)

Employer Instructions:

1. Complete Section II of this form. **THE APPLICANT SHOULD NOT COMPLETE THIS SECTION.**
2. LPN employment must have been paid and under the supervision of a RN, physician, podiatrist or dentist.
3. **RETURN AND MAIL THIS FORM DIRECTLY TO THE BOARD OFFICE: 237 Coliseum Drive, Macon, Georgia 31217.**

INFORMATION MUST BE COMPLETED BY EMPLOYER, FORM WILL NOT BE ACCEPTED IF COMPLETED BY APPLICANT.

1. Employee's Position/Title: _____ Physical location of job: _____
2. Was a practical nurse license required?: _____ (City/State)
3. Employment Dates: From: _____ To: _____

List below the number of hours worked per year and duties:

Year	<u>HOURS</u> worked per year	Duties
2008		
2007		
2006		
2005		
2004		
2003		

Company Name _____

Company Address _____

Company City State and Zip _____

Employer Signature _____

Printed Name and Title _____

Signature _____

Telephone No. _____



PLEASE SEPARATE THIS FORM, COMPLETE PART I, SUBMIT THE ENTIRE FORM TO THE STATE WHERE YOU ARE CURRENTLY LICENSED. A FEE MAY BE REQUIRED. REQUEST THE LICENSING AGENCY COMPLETE PART II AND MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW, NOT THE POST OFFICE BOX:

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON, GEORGIA * 31217

VERIFICATION OF LICENSE

PART I

I, _____, HEREBY AUTHORIZE THE STATE OF _____ BOARD OF NURSING TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES THE INFORMATION REQUESTED BELOW.

Current Phone No. _____

SIGNATURE _____

Social Security No. _____

License No. _____

APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY

LICENSING AGENCY: The above applicant has applied for reinstatement of practical nurse license in the State of Georgia.

Please furnish the Georgia Board the following information. Please return to:

Georgia Board of Examiners of Licensed Practical Nurses, 237 Coliseum Drive, Macon, Georgia 31217

PART II

Licensed by: ☐ exam ☐ endorsement ☐ waiver ☐ equivalency ☐ grandfather clause

License status: ☐ current

Expiration date _____

☐ Inactive

Date of last renewal _____

☐ Lapsed

Date of last renewal _____

Licensee: _____ License Number: _____ Issue Date: _____

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) ☐ YES ☐ NO

Is the applicant currently under investigation? Yes () No ()

REMARKS: _____

SIGNATURE _____

(BOARD SEAL)

TITLE _____

BOARD ADDRESS: _____

DATE _____

BOARD PHONE NO. _____

ADDITIONAL INFORMATION SHEET – If you answered a question requiring additional information, please use the space below.

[illegible]

NAME _____



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
P.O. Box 13446
Macon, Georgia 31208
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Board Examiners of Licensed Practical Nurses** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)



The Office of Secretary of State
Professional Licensing Boards Division
Georgia Board of Examiners of Licensed Practical Nurses
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Note: Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- _____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of INS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- _____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- _____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - INS petition and appropriate supporting documentation

Applicant's Signature Date